

(Insert Classif. of TMDER Here and At Bottom of Page) **CLASSIFICATION:**

NAVSEA (USER) TECHNICAL MANUAL DEFICIENCY/EVALUATION REPORT (TMDER)
(NAVSEA S0005-AA-GYD-030/TMMP & NAVSEAINST 4160.3A)

INSTRUCTION: Continue on 8-1/2" X 11" paper if additional space is needed.

1. USE THIS REPORT TO INDICATE DEFICIENCIES, PROBLEMS, AND RECOMMENDATIONS RELATING TO PUBLICATION.
2. BLOCKS MARKED WITH "*" ARE TO BE FILLED IN BY THE CONTRACTOR BEFORE PRINTING.
3. FOR UNCLASSIFIED TMDERS, FILL IN YOUR RETURN ADDRESS IN SPACE PROVIDED ON THE BACK, FOLD AND TAPE WHERE INDICATED, AND MAIL. (SEE OPNAVINST 5510.1H FOR MAILING CLASSIFIED TMDERS.)
4. FOR ADDITIONAL INFORMATION, CALL AUTOVON 551-2976/2968 OR COMMERCIAL 805-982-2976/2968.

1. NAVSEA TECHNICAL MANUAL NO.*	2. VOL. PART*	3. TITLE*
4. REV. NO./DATE OR TM CH. NO./DATE	5. SYSTEM/EQUIPMENT NOMENCLATURE	6. SYSTEM/EQUIPMENT IDENTIFICATION (MK/MOD/AN/PART NO.)

7. USER'S EVALUATION OF MANUAL (Check Appropriate Blocks)

A. EXCELLENT	B. GOOD	C. FAIR	D. POOR	E. COMPLETE	F. INCOMPLETE
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8. GENERAL COMMENTS

9. RECOMMENDED CHANGES TO PUBLICATION

PAGE NO. A.	PARA-GRAPH B.	LINE NO. C.	FIG. NO. D.	TABLE E.	F. RECOMMENDED CHANGES AND REASONS TYPE OF PROBLEM (INDICATE SAFETY(S), MAJOR (M), OR MINOR (P))

10. ORIGINATOR'S NAME AND WORK CENTER (Please Print)	11. SIGNATURE OF 3-M COORDINATOR	12. DATE SIGNED	13. AUTOVON/COMM. NO.
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14. SHIP HULL NO. AND/OR STATION ADDRESS (DO NOT ABBREVIATE)

15. THIS SPACE ONLY FOR NSDSA

A. CONTROL NO.	B. COG ISEA	C. DATE			D. PRIORITY	E. TRANSMITTED TO
		RECEIVED	FORWARDED	DUE		

PLEASE CLOSE WITH TAPE. DO NOT STAPLE. THANK YOU.

DEPARTMENT OF THE NAVY

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